

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**DAVIDE SUSI**

*Plaintiff*

v.

Civil Action No.:  
**1:21-CV-10595-ADB**

**LOUIS DEJOY, ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

Lous De Joy, as he is Postmaster General  
United States Postal Service  
475 L'Enfant Plaza, SW Washington, D.C. 20260

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ - Arnold Pachio*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2021-04-09 14:37:29, Clerk USDC DMA

Civil Action No.: **1:21-CV-10595-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Louis DeJoy Postmaster, USPS  
was received by me on (date) April 9, 2021.

- ☒ I personally served the summons on the individual at (place) 475 L'ENFANT PLZ, SW  
WASHINGTON, DC 20260 on (date) JUNE 30, 2021 ~~or~~  
Pursuant to Fed. R. Civ. P. 4(c)(1)(A)(B)(C)
- ☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or
- ☐ I returned the summons unexecuted because \_\_\_\_\_; or
- ☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

8/4/2022  
Date

[Signature]  
Jonas  
PLAINTIFF'S LAWYER  
Printed name and title  
2067 MASS AVE. 5th Fl.  
CAMBRIDGE, MA 02140  
Server's Address

Additional information regarding attempted service, etc:



**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
Jens DeJoy  
POSTMASTER  
475 C'ENFANT BLVD SW  
WASHINGTON DC 20260

9590 9402 5585 9274 0486 18

Article Number (Transfer from service label)  
7020 1810 0001 2416 8029

Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  
Office of the PMG  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
U.S. ATTY  
ONE COURTHOUSE  
BOSTON 02210

9590 9402 6718 1060 0389 67

Article Number (Transfer from service label)  
7020 1810 0001 2416 8012

Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Paul  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
L. Paulsen  
C. Date of Delivery  
4/30/21

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
ATTY GEN'L GARLAND  
150 PENNSYLVANIA AVE. NW  
WASHINGTON, DC 20530-0001

9590 9402 6718 1060 0389 74

Article Number (Transfer from service label)  
1 1810 0001 2417 5041

Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No  
JUL 06 2021

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**DAVIDE SUSI**

*Plaintiff*

v.

**LOUIS DEJOY, ET AL.**

*Defendant*

Civil Action No.:  
**1:21-CV-10595-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

Merrick Garland, Esq.  
Attorney General of the United States  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

A lawsuit has been filed against (the United States Postal Service):.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ - Arnold Pacheco*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2021-04-09 14:37:29, Clerk USDC DMA



Civil Action No.: **1:21-CV-10595-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) MERRICK GARLAND, Attorney General  
was received by me on (date) April 9<sup>th</sup>, 2021.

☒ I personally served the summons on the individual at (place) 50 Pennsylvania Ave, N.W.  
WASHINGTON, DC 20530 on (date) July 6<sup>th</sup>, 2021; ~~at~~

PURSUANT TO FED. R. CIV. P. 4 (i)(1)(A)(B)(C)

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

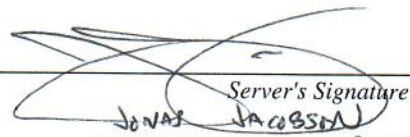
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

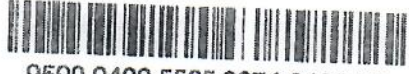
I declare under penalty of perjury that this information is true.

August 4<sup>th</sup>, 2022  
Date


  
\_\_\_\_\_  
Jonas Jacobson  
PLAINTIFF'S COUNSEL  
Printed name and title  
2067 MASS AVE., 5<sup>th</sup> Floor  
CAMBRIDGE, MA 02140  
Server's Address

Additional information regarding attempted service, etc:


GREEN CARD

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to: <i>Jens DeJoy</i> <i>POSTMASTER</i> <i>495 C'ENFANT PLZ. SW</i> <i>WASHINGTON DC 20260</i></p>  <p>9590 9402 5585 9274 0486 18</p> <p>Article Number (Transfer from service label) 7020 1810 0001 2416 8029</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	

Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to: <i>U.S. ATTY</i> <i>ONE COURTHOUSE</i> <i>BOSTON 02210</i></p>  <p>9590 9402 6718 1060 0389 67</p> <p>Article Number (Transfer from service label) 7020 1810 0001 2416 8012</p>		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>L. Paulsen</i> <i>4/30/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	

Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to: <i>ATTY GEN'L GARLAND</i> <i>50 PENNSYLVANIA AVE. NW</i> <i>WASHINGTON, DC 20530-0001</i></p>  <p>9590 9402 6718 1060 0389 74</p> <p>Article Number (Transfer from service label) 1810 0001 2417 5043</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> <i>JUL 06 2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	

Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



UNITED STATES DISTRICT COURT  
for the  
DISTRICT OF MASSACHUSETTS

DAVIDE SUSI

Plaintiff

v.

LOUIS DEJOY, ET AL.

Defendant

Civil Action No.:  
1:21-CV-10595-ADB

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Civil Process Clerk  
United States Attorney's Office  
District of Massachusetts One Courthouse Way, Boston, MA 02210

A lawsuit has been filed against (the United States Postal Service):.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Arnold Pacheco

Signature of Clerk or Deputy Clerk



ISSUED ON 2021-04-09 14:37:29, Clerk USDC DMA

Civil Action No.: **1:21-CV-10595-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) UNITED STATES ATTORNEY FOR MASSACHUSETTS  
was received by me on (date) April 9, 2021.

☒ I personally served the summons on the individual at (place) ONE COURTHOUSE WAY  
BOSTON, MA 02210 on (date) JUNE 30<sup>th</sup> 2021; ~~or~~

PURSUANT TO: FED. R. CIV. P. 4(i)(1)(A)(B)(C)

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

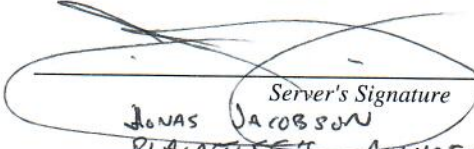
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

August 4<sup>th</sup>, 2022  
Date

  
Jonas Jacobson  
PLAINTIFF'S COUNSEL  
2067  
MASS AVE. 5<sup>th</sup> Floor  
CAMBRIDGE, MA 02140  
Server's Address

Additional information regarding attempted service, etc:



**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
*Jane DeJoy  
POSTMASTER  
495 C'ENFANT PLZ. SW  
WASHINGTON DC 20260*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No



9590 9402 5585 9274 0486 18

Article Number (Transfer from service label)  
7020 1810 0001 2416 8029

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
*U.S. ATTY  
ONE COURTHOUSE  
BOSTON 02210*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*L. Paulson* *4/30/21*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No



9590 9402 6718 1060 0389 67

Article Number (Transfer from service label)  
7020 1810 0001 2416 8012

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
*ATTY GEN'L GARLAND  
50 PENNSYLVANIA AVE. NW  
WASHINGTON, DC 20530-0001*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* *JUL 06 2021*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No



9590 9402 6718 1060 0389 74

Article Number (Transfer from service label)  
1810 0001 2417 5041

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt